

Professional Licensing Agency  
402 West Washington Street  
Room W072  
Indianapolis, Indiana 46204



Michael R. Pence  
Governor of Indiana  
Nicholas W. Rhoad  
PLA Executive Director

**STATE BOARD OF DENTISTRY  
DENTAL HYGIENE LICENSURE  
APPLICATION BY ENDORSEMENT  
INFORMATION AND INSTRUCTION SHEET**

Before completing and submitting your application to our office, please read all materials and information included.

**APPLICATION AND INFORMATION TO DOWNLOAD**

*Applicants must download the following documents and information from the website at [www.pla.in.gov](http://www.pla.in.gov):*

1. *Application For License to Practice Dentistry or Dental Hygiene*
2. *Verification of Licensure Form*
3. *Information and Instruction Sheet*
4. *Criminal Background Check Information*
5. *Statutes and Administrative Rules which pertain to the practice of dentistry and dental hygiene*

**IPLA AGENCY ADDRESS/PHONE NUMBER/FAX/EMAIL/WEBSITE**

Indiana Professional Licensing Agency (IPLA)  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Staff Phone: (317) 234-2054  
Fax #: (317) 233-4236  
Staff Email: [pla8@pla.in.gov](mailto:pla8@pla.in.gov)  
Website: [www.pla.in.gov](http://www.pla.in.gov)

**CRIMINAL BACKGROUND CHECK REQUIRED**

An individual applying for a dental hygiene license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check. [www.in.gov/pla/3241.htm](http://www.in.gov/pla/3241.htm)

**Criminal background checks must be obtained after you apply for your dental hygiene license with the Board and prior to the issuance of a license.**

**JURISPRUDENCE EXAMINATION**

All applicants for dental hygiene licensure are required to pass a jurisprudence examination. No applicant is exempt from this requirement.

After the approval of your application by the Board, you will be notified by email that you are eligible to take the jurisprudence examination. Upon notification from the applicant that they are ready to take the jurisprudence examination, the examination and instructions will be emailed to you. You will have fourteen (14) days from the date the email is sent to you with the Jurisprudence Examination and Instructions in order to complete the examination and return the required information to our office.

All applicants will be examined on the statutes and rules of Indiana related to the practice of dentistry and dental hygiene, universal precautions, and infectious wastes. This is a 50 question true-false and multiple-choice examination. Passing criteria is 75%. Statutes and Administrative Rules are available to download at [www.pla.in.gov](http://www.pla.in.gov).

The jurisprudence examination is based on the following:

Ind. Code 25-13 Dental Hygiene Law

Ind. Code 25-14 Dental Law

Ind. Code 25-1 Professional Licensing Agency General Provisions

Title 828 IAC Dental and Dental Hygiene Rules

Title 410 IAC 1-3 and 1-4 Infectious Waste and Universal Precautions

## **TRANSCRIPTS, EXAMINATION SCORE REPORTS & STATE VERIFICATIONS MUST BE SENT DIRECTLY FROM EACH ENTITY**

The Board will not accept any transcripts, examination score reports or state verifications directly from the applicant. All transcripts, examination score reports and state verifications must be sent directly from those entities.

## **THE FAIR INFORMATION PRACTICE ACT**

In compliance with Ind. Code 4-1-6, this agency is notifying you that you must provide the requested information, or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

## **MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER**

Your social security number is being requested by this state agency in accordance with Ind. Code 4-1-8-1, 25-1-5-11(a), and 828 IAC 1-3-1.1(c). Disclosure is mandatory, and this record cannot be processed without it.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

## **ABANDON APPLICATIONS**

If an applicant does not submit all requirements within one (1) year after the date on which the application is filed, the application for licensure is abandoned without any action of the Board. An application submitted subsequent to an abandoned application shall be treated as a new application.

## **ISSUANCE OF LICENSE**

Upon issuance of your license by the Board, you will be sent an email notifying you that your license has been issued. There will be instructions on how to purchase a blue license card to be mailed to you or how to download a free license card for immediate printing.

Ind. Code 25-13-1-8(i) and 828 IAC 4-3-5(c) requires that a dental hygiene license to practice must be displayed at all times in plain view of the patients in the office where the holder is engaged in practice. No person may lawfully practice dental hygiene who does not possess a license and its current renewal.

Therefore, you must either download the free license card or purchase a blue license card to post. IPLA staff cannot print license cards to be mailed or for walk-ins to our office.

This service is available on our website at [www.in.gov/pla/license.htm](http://www.in.gov/pla/license.htm).

## **LICENSE EXPIRATION AND CONTINUING EDUCATION**

All dental hygiene licenses expire on March 1<sup>st</sup> of even numbered years. Practitioners are required to have completed fourteen (14) hours of continuing education per renewal period and to show proof of a current CPR card and completion of a two (2) hour program which covers the following subjects: Ethics, professional responsibility and the Indiana Statutes and Administrative Rules. Dental Hygienists are required to complete one-half of their continuing education in live presentations or live workshops.

You are not required to complete continuing education within the renewal period of which your license is issued.

Information regarding the continuing education requirement is available at the Board's website at [www.pla.in.gov](http://www.pla.in.gov). Or you may contact our office by calling (317) 234-2054 or by email at [pla8@pla.in.gov](mailto:pla8@pla.in.gov).

**DENTAL HYGIENE LOCAL ANESTHETIC PERMIT**

Ind. Code 25-13-1-10.6 requires that a licensed dental hygienist may administer dental anesthetics under the direct supervision of a licensed dentist if the dental hygienist has:

- (1) Completed board approved educational requirements, including cardiopulmonary resuscitation and emergency care training; and
- (2) Received a board issued dental hygiene anesthetic permit.

Local dental anesthetics do not include nitrous oxide or similar analgesics.

Dental hygiene local anesthetic permit applications and instructions are available on line at [www.in.gov/pla/dental.htm](http://www.in.gov/pla/dental.htm).

# DENTAL HYGIENE LICENSURE APPLICATION BY ENDORSEMENT INSTRUCTION SHEET

**All applicants must submit an application and supporting documentation to:**

Indiana Professional Licensing Agency  
ATTN: State Board of Dentistry  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

## APPLICATION

Complete, typewritten (or legibly printed) application.

## AFFIDAVIT

If you answer “yes” to any of the seven (7) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however, they may accompany your affidavit.

If the applicant has been ***arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state***, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

**Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.**

## CRIMINAL BACKGROUND CHECK REQUIRED

All applicants applying for a dental hygiene license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check on the Board’s website at [www.in.gov/pla/3241.htm](http://www.in.gov/pla/3241.htm).

**A criminal background check completed prior to the submission of your application for licensure will not be considered valid. If an application is not received by IPLA before scheduling a criminal background check, the applicant will be required to submit to another check resulting in additional fees.**

## FEE INFORMATION

Applicants must submit a one hundred dollar (\$100.00) application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable. **All fees are non-refundable and non-transferable.**

## PHOTOGRAPHS

Applicants must submit two (2) acceptable photographs, taken within eight (8) weeks before filing of the application. Please sign each photo at the bottom. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No “Polaroid” type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

## OFFICIAL TRANSCRIPTS

Applicants must submit an official transcript, **sent directly to the Board from the school**, certifying the date the degree was conferred.

## NATIONAL BOARD DENTAL HYGIENE EXAMINATION SCORE REPORT

Applicants must submit an official score report from the National Board Dental Hygiene Examinations, **sent directly to the Board from the National Boards**, showing passing scores in all sections of the examination. Contact the National Board for information on how to obtain your score report and fee information at:

Joint Commission on National Dental Examinations  
American Dental Association  
Department of Testing  
National Board Score Reports  
211 East Chicago Avenue, Suite 600  
Chicago, Illinois 60611  
Telephone: (800) 232-1694 or (312) 440-2811  
Website: [www.ada.org/en](http://www.ada.org/en)

## CLINICAL EXAMINATION REQUIREMENT

To be eligible for licensure by examination, an applicant must pass all parts of one (1) of the following examinations. **Please have your score report sent directly to the Board from one of the entities listed below:**

**1. NORTH EAST REGIONAL BOARD OF REGIONAL DENTAL EXAMINERS (NERB)**

8484 Georgia Avenue, Suite 900  
Silver Spring, Maryland 20910  
Telephone: (301) 563-3300  
FAX: (301) 563-3307  
Website: [www.nerb.org](http://www.nerb.org)

**2. CENTRAL REGIONAL DENTAL TESTING SERVICE EXAMINATION (CRDTS)**

1725 SW Gage Blvd.  
Topeka, Kansas 66604-3333  
Telephone: (785) 273-0380  
FAX: (785) 273-5015  
Website: [www.crdts.org](http://www.crdts.org)  
Email: [info@crdts.org](mailto:info@crdts.org)

**3. SOUTHERN REGIONAL TESTING AGENCY EXAMINATION (SRTA)**

4698 Honeygrove Road, Suite 2  
Virginia Beach, Virginia 23455-5934  
Telephone: (757) 318-9082  
FAX: (757) 318-9085  
Website: [www.srta.org](http://www.srta.org)  
Email: [help@srta.org](mailto:help@srta.org)

**4. WESTERN REGIONAL EXAMINING BOARD EXAMINATION (WREB)**

23460 N. 19<sup>th</sup> Avenue, Suite #210  
Phoenix, Arizona 85027  
Telephone: (602) 944-3315  
FAX: (602) 371-8131  
Website: [www.wreb.org](http://www.wreb.org)  
Email: [dentalinfo@wreb.org](mailto:dentalinfo@wreb.org)

**5. STATE OR CANADIAN PROVINCIAL CLINICAL LICENSING EXAMINATION**

The applicant must have satisfactorily completed a state or Canadian province clinical licensing examination having and maintaining a standard of examination for licensure and laws regulating the practice of dentistry within that state or province that is substantially equivalent to the examination and licensing requirements of Indiana. The state or Canadian province must provide the clinical examination subject and scores to the Board with the verification of licensure.

### **BASIC LIFE SUPPORT (BLS) OR ADVANCED CARDIAC LIFE SUPPORT (ACLS) CARD**

Applicants are required to submit a copy of your current BLS and/or ACLS certification card. Make sure that your signature is on the card.

### **THREE (3) REFERENCE LETTERS**

Applicants are required to submit reference letters from three (3) practicing dentists, on their official letterhead/stationary, verifying the applicant's active, moral, and ethical practice of dental hygiene. The statements must be originals and dated and have been written not more than **eight (8) weeks** before the submission of the application.

### **CONTINUING EDUCATION – FOURTEEN (14) HOURS**

Applicants are required to submit proof of fourteen (14) hours of continuing dental hygiene education taken in the previous two (2) years. No more than two (2) hours of training in basic life support shall count toward this requirement. Copies of certificates, letters from programs and/or transcripts are required.

### **PROOF OF PRACTICE**

An applicant for licensure by endorsement must have engaged in the satisfactory practice of dental hygiene for at least two (2) years out of the five (5) years preceding the date of application.

**“Satisfactory practice of dental hygiene” means that the applicant has actively engaged in practicing dental hygiene for at least an average of twenty (20) hours per week for two (2) years. A maximum of one (1) year of the two (2) year requirement may have been in post associate degree-training in dental hygiene in a program approved by the board.**

Applicants are required to state on Page 2 of the Licensure application the Name and Address of Employer, Responsibilities, Hours worked per week, and Dates of employment.

### **VERIFICATION OF STATE LICENSURE**

Applicants must provide a “Verification of State Licensure” form from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. This information must be **sent directly to the Board by the state** that issued the license.

If a state examination was administered, please have the state board attach the examination subjects and scores to the verification of licensure form. The information must be sent by the state or province that issued the license.

The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Professional Licensing Agency. The form may be duplicated if necessary. Other jurisdictions may charge a fee to verify licensure. You may wish to contact the state boards prior to your request for verification.

### **NATIONAL PRACTITIONER DATA BANK**

Applicants who are now or have been licensed to practice dental hygiene in another state or jurisdiction must submit a report from the National Practitioner Data Bank (NPDB).

Please contact the NPDB to request a self-query report. All self-query report applications must be requested electronically through the NPDB website listed below. Information on how to complete a self-query is located on the website. Please review this helpful information on how to obtain the report. A \$5.00 fee will be assessed for your NPDB report. All self-query fees must be paid by credit card or debit card.

Once you receive the NPDB report, please forward the report to the Professional Licensing Agency.

National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank  
P.O. Box 10832  
Chantilly, Virginia 20153-0832  
Website: [www.npdb-hipdb.com](http://www.npdb-hipdb.com)  
Customer Service Center: 1-800-767-6732  
Email: [help@npdb.hrsa.gov](mailto:help@npdb.hrsa.gov)

**NAME CHANGE**

An official affidavit indicating any legal name change or a notarized copy of a marriage certificate, divorce decree, social security card or court papers is acceptable if your name differs from that on any of your documents.

## CRIMINAL BACKGROUND CHECK INSTRUCTIONS

**Please wait for the email notice.** Do not submit to a criminal background check until you receive an email notifying you that the board has received your application. A criminal background check (CBC) completed prior to the submission of an application for licensure will not be considered valid. An application is not considered “received” until it is manually entered into the IPLA licensing system by board staff. An email is sent out notifying you that the application is in our system and you are eligible for the CBC. If an application is not received before scheduling a CBC, the applicant will be required to submit to another check resulting in additional fees. As stated, you will receive an email from your board notifying you that you are eligible for the CBC.

**Fingerprint rejections may lead to delay.** If your fingerprints are rejected two (2) times by the FBI, you will be required to submit a written verification to complete your criminal background check. This written verification process can take up to six (6) weeks or longer to complete once the written verification form is received. Fingerprint rejections occur for different reasons including the prolonged use of hand sanitizer and the wearing of latex gloves. IPLA does not conduct or administer the criminal background checks and cannot assist you with expediting the process.

**Applicants who reside out of state, or are physically unable to go to a location to be fingerprinted may use MorphoTrust Card Scan Processing Program. To view step-by-step instructions, please go to [www.l1enrollment.com/state/forms/in/53110e81122f7.pdf](http://www.l1enrollment.com/state/forms/in/53110e81122f7.pdf).**

**Follow the simple steps outlined below to complete the fingerprinting process:**

1. Once you receive the email from the board notifying you that your application has been received, go to [www.identogo.com](http://www.identogo.com) and choose Indiana.
2. If you do not have access to the internet, you may call MorphoTrust toll-free at (877) 472-6917 to schedule an appointment. If you call, you will be asked for demographic and personal information instead of completing these steps yourself.
3. Click on Indiana.
4. Click Online Scheduling and choose the language you wish to use for scheduling (English or Spanish).
5. Enter your first and last name and click “go”.
6. Choose your Agency Name Professional Licensing Agency and click “go”.
7. Choose the correct Applicant Category for your license type and click “go”.
8. Select the location where you want to be fingerprinted. You may choose a region of the state, by clicking on the map, or entering a zip code to view a list of locations in a specific area. Press “go”.
9. Click on the words “Click to Schedule” across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the “Next Week>>” link to display more dates. Once you select the location/date combination, select the time for your appointment and click “go”.
10. Complete the demographic information page. Required fields are indicated by a red asterisk (\*). When complete, click “Send Information”.
11. Confirm the information by following the on screen directions to make any changes necessary. Once you review and verify the data is correct, click “Send Information”.
12. Complete your payment process and click “Send Payment Information”.
13. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.
14. Bring one (1) of the following with you to your fingerprinting appointment:
  - valid driver license;
  - valid state issued identification card;
  - valid passport;
  - student identification card with picture and date of birth (DOB);



- work identification card with picture and DOB; or
- valid alien identification card with picture and DOB.

If you do not have the above identification, you will need **both** a valid birth certificate and a social security card.

15. Arrive at the facility at your appointed date and time.
16. The enrollment officer at the site will check your ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
17. You will receive a signed receipt at the end of your fingerprinting session, which can be provided to your agency for proof of fingerprinting, if needed.
18. All results will be processed and delivered to the Indiana Professional Licensing Agency. MorphoTrust is never in possession of criminal record data results.